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FROM: **Barbara M. Hayashi**

RE:

OUR REF: 022153.0005US2	NUMBER OF PAGES, INCLUDING COVER: 14
01 OCTOBER 4906	
COMMUNICATION PROTOCOLS, SYSTEMS AND METHODS	
ZETERA - CHARLES FRANK, ET AL.	

MESSAGE:

Attached: 1) Transmittal Form, 2) Declaration of Fish 12 pages.

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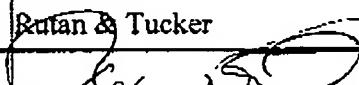
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/791,338	
	Filing Date	March 1, 2004	
	First Named Inventor	Charles Frank	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	13	Attorney Docket Number	022153.0005US2

ENCLOSURES (Check all that apply)

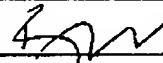
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below).
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Declaration of Fish Under 37 USC 1.132
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Rutan & Tucker		
Signature			
Printed name	Robert D. Fish		
Date	4/18/04	Reg No	33880

CERTIFICATE OF TRANSMISSION/MAILING

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